



**CITY OF NORTH MIAMI**  
**BUSINESS TAX RECEIPT APPLICATION**

1) **BUS. NAME:** \_\_\_\_\_  
(Name you will put on sign) or (Your name)

2) **DBA OR CORP NAME:** \_\_\_\_\_  
(Beauty shop/Barber shop, or Medical facility you are working for)

3) **Business Address:** \_\_\_\_\_

**Zip code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

4) **Federal Id:** \_\_\_\_\_ **Social Security:** \_\_\_\_\_

5) **Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

6) **Owners Last Name:** \_\_\_\_\_, **First** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Date of birth** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Web/email:** \_\_\_\_\_

**Nature of business in detail:** \_\_\_\_\_

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**All businesses require a fire inspection be submitted to the City Clerks Office before issuance of a business tax receipt. Please call 786-331-4800**

**OFFICE USE ONLY**

**SIC CODE:** \_\_\_\_\_ **FEE:** \_\_\_\_\_ + **25.00 ZONING FEE**  
**Oct 1 – Sept 30 (fiscal year)**

**HOME INDUSTRY: Y** \_\_\_\_\_ **OR** **N** \_\_\_\_\_